

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS666HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/23/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>U M C OF SOUTHERN NEVADA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 26251 This Statement of Deficiencies was generated as a result of a State licensure focus survey and complaint investigation conducted at your facility on 10/20/09 and finalized on 10/23/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Nine complaints were investigated.</p> <p>Complaint #NV00023310 was unsubstantiated. Complaint #NV00023267 was unsubstantiated. Complaint #NV00023180 was unsubstantiated. Complaint #NV00023136 was unsubstantiated. Complaint #NV00022914 was substantiated without deficiencies. Complaint #NV00022868 was unsubstantiated. Complaint #NV00022736 was unsubstantiated. Complaint #NV00022556 was unsubstantiated. Complaint #NV00021039 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 000	Continued From page 1	S 000		
S 175 SS=F	<p>The following regulatory deficiencies were identified:</p> <p>NAC 449.338 Dietary Services</p> <p>6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Surveyor: 27626 Based on interviews with the dietary managers, record review, and observations made during an inspection of the kitchen and associated dietary on 10/22/09, the facility failed to ensure compliance with all of the provisions of NAC 446 as follows:</p> <p>1. The facility failed to ensure that all potentially hazardous foods were held at 140 degrees Fahrenheit or above, when being held in the hot-holding unit in the cafeteria.</p> <p>2. The facility failed to ensure that chemicals were being stored separately from food, and that chemicals were not being stored directly above food preparation surfaces.</p> <p>3. The facility failed to ensure that proper scoops were being used and that the scoop handles were being stored so that that handles were not contacting the food product, such as the flour.</p> <p>4. The facility failed to ensure that non-food contact surfaces of equipment were being maintained in a clean state, as evidenced by stoves, fryers, grills, and shelves that contained excessive food debris.</p>	S 175		

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S 175	Continued From page 2  5. The facility failed to ensure that the floors in the cooking areas were being maintained in a clean state.  Severity: 2 Scope: 3	S 175		
S 204 SS=F	NAC 449.3395 Sanitary Conditions - Supplies for Food  2. A hospital shall maintain on its premises at least a 1-week supply of staple foods and at least a 2-day supply of perishable foods. The supplies must be appropriate to meet the requirements of the menu. All food must be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food that is contained in a container or can that: (c) Has dents or swelling Is not acceptable and must not be maintained. This Regulation is not met as evidenced by: Surveyor: 27626 Based on interviews with dietary managers and observations made during an inspection of the kitchen and associated dietary facilities on 10/22/09, the facility failed to ensure that food was in containers free of dents. Canned foods were found to have dents along the seams and in one instance a can was punctured.  Severity: 2 Scope: 3	S 204		
S 297 SS=D	NAC 449.361 Nursing Service  8. The chief administrative nurse shall define the policies, procedures and standards relating to the provision of nursing services and shall ensure that the members of the nursing staff carry out those policies, procedures and standards. The policies, procedures and standards must be	S 297		

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S 297	Continued From page 3  documented and accessible to each member of the nursing staff in written or electronic form. The chief administrative nurse must approve each element of the policies, procedures and standards before the element may be used or put into effect.  This Regulation is not met as evidenced by: Surveyor: 26251 Based on interview and record review, the chief nursing officer (CNO) failed to ensure nursing staff transfused blood at a prescribed rate in accordance with Policy #BBN1 for 4 of 30 patients (Patients #11, #13, #14, and #30) and the CNO failed to ensure an infection control preventionist documented approval to discontinue airborne isolation in accordance with Policy #IC 4.3 for 1 of 30 patients (Patient #21).  Severity: 2 Scope: 1	S 297		
S 340 SS=F	NAC 449.363 Personnel Policies  5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Surveyor: 27469 Based on interview and record review, the facility failed to ensure compliance with NAC 441A.375 for 11 of 20 employees (Employees #1, #2, #3, #7, #10, #11, #14, #17, #18, #19, and #20).  1. The files for Employees #1, #2 and #3 did not contain a copy of a recent physical examination or certification from a physician that the employee was in a state of good health, was free from active tuberculosis (TB) and any other disease in	S 340		

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S 340	Continued From page 4  a contagious stage.  2. The files for Employees #3, #7, #10, #14, #17 and #19 did not contain the results of a positive skin test or a statement from a physician that the employee had tested positive for TB and did not have a two-step TB test on file.  3. The files for Employees #11, #18 and #20 had more than one year elapse between TB skin tests. A two-step TB skin test was not on file after the elapsed year to comply with NAC 441A.375.  Severity: 2      Scope: 3	S 340		
S 448 SS=D	NAC 449.3735 Blood Transfusions  1. To perform a transfusion of blood safely and efficiently, hospital personnel shall follow the policies and procedures developed by the hospital, with input from the medical staff, for performing a transfusion of blood. This Regulation is not met as evidenced by: Surveyor: 26251  Surveyor: 27469 Based on interview and record review, the facility failed to ensure the physician order for a blood transfusion included the reason for the transfusion and the rate of administration in accordance with Policy #BBN for 4 of 30 patients reviewed (Patients #11, #13, #14, and #30).  Severity: 2      Scope: 1	S 448		

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